

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061089

FILED
Jul 11, 2007
Secretary of State

Entity Name: TRIPLE PLAY TRANSPORT, LLC

Current Principal Place of Business:

9550 REGENCY SQUARE BLVD., #1107
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9550 REGENCY SQUARE BLVD., #1107
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-5100665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOTT, WENDELL
9550 REGENCY SQUARE BLVD., #1107
JACKSONVILLE, FL 32225 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOTT, WENDELL
Address: 9550 REGENCY SQUARE BLVD., #1107
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM () Delete
Name: LOTT, R. GUERIN
Address: 9550 REGENCY SQUARE BLVD., #1107
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LOTT, ROBERT G
Address: 9550 REGENCY SQUARE BLVD., #1107
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT LOTT

MGRM

07/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date